

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90051 007 \*\*\*150.00

DOCUMENT # P01000061342



1. Entity Name  
MAMAGUS CORPORATION

Principal Place of Business

7879 N.W. 15TH ST.  
MIAMI, FL 33126

Mailing Address

7879 N.W. 15TH ST.  
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1124599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE CASTRO, ARTURO F  
1010 SW 186TH COURT  
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name **HERNANDEZ ARMANDO CPA**

Street Address (P.O. Box Number is Not Acceptable)

**255 ALHAMBRA CIRCLE STE 720**

**CORAL GABLES**

**33134**

City **MIAMI**

**FL**

Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **RODRIGUEZ, LUIS A**  
STREET ADDRESS **7710 CENTERBAY DRIVE**  
CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

TITLE **SVD** ☐ Delete  
NAME **RODRIGUEZ, ELIZABETH**  
STREET ADDRESS **7710 CENTERBAY DRIVE**  
CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
NAME **RODRIGUEZ, LUIS A.**  
STREET ADDRESS **3508 CRYSTAL VIEW CT**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **SVD** ☒ Change ☐ Addition  
NAME **RODRIGUEZ ELIZABETH**  
STREET ADDRESS **3508 CRYSTAL VIEW CT**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44004089

